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APPLICANTS

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**** CONTINUING DATA *******THIS APPLICATION IS A CIP OF 09/481,577 01/12/2000 *Yes, d.***** FOREIGN APPLICATIONS ********None, d.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature <i>SL</i> Initials			
	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 4

ADDRESS

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TITLE

System and method for delivering information at inaccessible locations

FILING FEE RECEIVED 712	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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